

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 17 PM 2:37

CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

DOCUMENT # FC6000003713

1. Corporation Name

CONTAINER GRAPHICS CORP

W08-50541

800137621928
11/04/08--01035--003 **300.00

REINSTATEMENT

CR2E081 (10/08)

07-08

2. Principal Office Address - No P.O. Box #

113 EDINBURGH DR. SOUTH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

City & State

CARY, NC

City & State

Zip

27511

Country

WAKE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

34-0868051

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Patricia OBurn - controller

Date 10/29/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CFO	JEFF MANNING	113 EDINBURGH DR	CARY, NC 27511
COO	JIM ALEXANDER	113 EDINBURGH DR	CARY, NC 27511
PRES	NEIL B. SAUNDERS	113 EDINBURGH DR	CARY, NC 27511

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JEFF MANNING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/08

Date

919-481-4200

Daytime Phone #

11/17/08